

FINANCIAL STATUS REPORT

(Short Form)

(Follow instructions on the back)

1. Federal Agency and Organizational Element to Which Report is Submitted Denali Commission		2. Federal Grant or Other Identifying Number Assigned By Federal Agency 154-05		OMB Approval No. 0348-0038	Page of pages
3. Recipient Organization (Name and complete address, including ZIP code) City of Cold Bay P.O. Box 10 Cold Bay, AK 99571					
4. Employer Identification Number 92-0090010		5. Recipient Account Number or Identifying Number		6. Final Report <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
7. Basis <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual					
8. Funding/Grant Period (See instructions) From: (Month, Day, Year) 01-01-2005		To: (Month, Day, Year) 06-30-2006		9. Period Covered by this Report From: (Month, Day, Year) 10-01-2005	
				To: (Month, Day, Year) 12-31-2005	
10. Transactions:		I Previously Reported		II This Period	
				III Cumulative	
a. Total outlays		90,066.00		17,300.	
b. Recipient share of outlays		0		2300.00	
c. Federal share of outlays		90,066.00		15,000	
d. Total unliquidated obligations				20,000.00	
e. Recipient share of unliquidated obligations				0	
f. Federal share of unliquidated obligations				20,000.00	
g. Total Federal share (Sum of lines c and f)				125,066	
h. Total Federal funds authorized for this funding period				125,066	
i. Unobligated balance of Federal funds (Line h minus line g)				0	
11. Indirect Expense		a. Type of Rate (Place "X" in appropriate box) <input type="checkbox"/> Provisional <input type="checkbox"/> Predetermined <input type="checkbox"/> Final <input type="checkbox"/> Fixed			
		b. Rate c. Base d. Total Amount e. Federal Share			
12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation.					
13. Certification: I certify to the best of my knowledge and belief that this report is correct and complete and that all outlays and unliquidated obligations are for the purposes set forth in the award documents.					
Typed or Printed Name and Title Dawn Lyons City Clerk				Telephone (Area code, number and extension) 907 532-2401	
Signature of Authorized Certifying Official Dawn Lyons				Date Report Submitted 3-2-06	

